

DEPARTMENT OF HEALTH SERVICES

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(916) 654-8076

May 5, 1997

MMCD Letter No. 97- 06

TO: ☒ Two-Plan Model Plans
☒ Prepaid Health Plans
☒ Geographic Managed Care Plans
☒ County Organized Health Systems
☒ Primary Care Case Management Plans

SUBJECT: PARTICIPATION OF FOSTER CARE AND ADOPTION ASSISTANCE PROGRAM (AAP) CHILDREN IN MEDI-CAL MANAGED CARE

PURPOSE:

The intent of this policy is to clarify requirements relating to the enrollment of foster and AAP children in **Medi-Cal** managed care plans. The policies contained in this letter impact children in out-of-home placement under the care and custody of county welfare and probation departments, and licensed private adoption agencies as well as children and youth with **AAP** benefits. This letter does not apply to children in out-of-home care under other circumstances. All plans are encouraged to work closely with the county welfare department staff administering the foster care and adoption assistance programs, and to inform the provider network of this policy.

BACKGROUND:

The fiscal year 1996-1997 Budget Act (Chapter 162, Statutes of 1996), contained language that allows the voluntary enrollment of children in foster care into managed care plans in the Two-Plan Model and Geographic Managed Care (GMC) counties. The Department of Health Services has extended this policy to children in the AAP. Although the provisions of the Budget Act will expire on June 30, 1997, it is the intent of the Department that voluntary enrollment of foster children continue after June 30, 1997, until such time that the Department has sufficient information that foster children placed out of county can easily receive needed medical care.

POLICY:

A. For Two-Plan Model Plans, Sacramento GMC Plans, Health Plans in San Diego County:

Children with Medi-Cal eligibility who are under the supervision of county foster care agencies and children receiving Medi-Cal coverage through the AAP will not be required to enroll in a Medi-Cal managed care plan and shall not be included in the mandatory enrollment category. Enrollment will be voluntary.

The decision to enroll a child who is under the supervision of a county foster care agency is left to the discretion of the responsible county director of social services or his/her designee, or the person who has legal authority to make such health care decisions for a foster child. Voluntary enrollment of a foster child requires a determination on a case-by-case basis by the county director of social services or his/her designee and the concurrence of the child's caretaker, that enrollment is in the child's best interest. The decision to enroll a child who is receiving Medi-Cal coverage through **AAP** will be made by the person who has legal authority to make such health care decisions for the child. Usually this will be the adoptive parents.

The following Medi-Cal aid codes will be systematically excluded by the Department from the mandatory managed care plan enrollment process in the 14 counties:

- 40 • State Foster Care
- 42 • Federal Foster Care
- 4C • Federal Voluntary Foster Care
- 5K • Emergency Assistance Program • Child Welfare Cases in Foster Care
- 03 • Federal AAP
- 04 • State AAP

Children Who Cannot Be Identified As Foster Care By Medi-Cal Aid Code:

Medi-Cal eligible children in foster care and under the supervision of a local foster care agency may be covered under standard or special Medi-Cal aid code categories that do not allow for a child to immediately be identified as foster care. These include, but are not limited to, Aid Codes 01, 30, 32, 45, and 60. Therefore, a foster child, or the person responsible for the foster child, may receive notification that a Medi-Cal managed care plan must be selected for the child. It is also possible that a foster child will be inadvertently enrolled in a health plan through the health care

options (HCO) assignment process. In these cases, the child's caseworker, with the cooperation of the health plan, will have the option to disenroll the child, based on a determination of the child's best interest and the desires of the caretaker. Caretakers and other responsible parties have been notified of this option by the local foster care agency. If the caseworker or **other** responsible party determines that disenrollment from the managed care plan is best for the child, he or she must arrange for disenrollment by contacting the HCO contractor and completing a disenrollment form. The HCO contractor has been instructed to disenroll foster care or **AAP** children on an expedited (within 48 hours) basis when requested by the child's caseworker, county designated responsible party, or the adoptive family.

Enrollment:

A county director of social services or his/her designee in one of the designated counties, or the Probation Officer in the case of a foster child who is a ward of the court, deciding to enroll a foster child voluntarily into an available managed care plan may do so after obtaining the concurrence of the child's caretaker, by submitting a completed enrollment form to the HCO contractor. Similarly, an adoptive parent may voluntarily enroll an AAP child into an available managed care plan by submitting a completed enrollment form to the HCO contractor.

Coordination of Care:

It is necessary for plans and their providers to assure that foster care children and **AAP** children receive prompt medical care, especially when placed out-of-county. Foster care children often have a high need for medical attention because of neglect or physical or mental abuse. Plans must promptly authorize medically necessary services to the child's provider in the county of placement.

Coordination between plans and caregivers is essential to assure that providers receive timely authorization to provide needed health care services for children. Plan billing processes need to be sensitive to the need to make timely payments to providers, who treat children placed out-of-county who are plan members.

B. County Organized Health Systems:

This letter does not apply to County Organized Health Systems (COHS) in Orange, Solano, San Mateo, Santa Cruz, and Santa Barbara Counties. Enrollment will continue to be mandatory and automatic for Medi-Cal beneficiaries, including foster

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and AAP children, in these counties. There are unique circumstances that prevent the Department from allowing voluntary enrollment in the COHS counties at the present time.

For coordination of health services to foster and AAP children who are enrolled in a COHS health plan while involved in an out-of-county placement, the following information may be used to expedite the coordination process:

Orange County (**CalOPTIMA**) - Membership Services

Ms. Clara Seal, (714) 246-8753.

San Mateo County (Health Plan of San Mateo) • Membership Services

(800) 750-4776 or (415) 573-9605.

Santa Barbara County (Santa Barbara Health Initiative) •

Ms. Elizabeth Long, Director of Membership Services

(800) 421-2560 or (805) 963-9261.

Santa Cruz County (Santa Cruz County Health Options) •

Membership Services, Ms. Danita **Carlson** (800) 700-3874 or
(408) 457-3850.

Solano County (Solano Partnership Health Plan) • Membership Services

Representatives, (800) 863-4155 or (707) 863-4120.

A foster care child or an AAP child not enrolled in a plan but placed in a COHS county will also need to have their medically necessary services coordinated. The Department recognizes and encourages the continuing efforts of **COHSs** to assist these children in locating providers within the COHS provider network or a provider outside the network who will bill **Medi-Cal** fee-for-service.

If you have questions about this letter, please feel free to contact your contract manager.

Sincerely,

Original signed by

Ann-Louise Kuhns, Chief
Medi-Cal Managed Care Division

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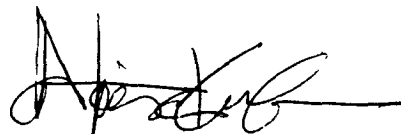
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Sincerely,

A handwritten signature in black ink, appearing to read "Ann-Louise Kuhns", with a long horizontal flourish extending to the right.

Ann-Louise **Kuhns**, Chief
Medi-Cal Managed Care Division